



**ENTERAL NUTRITION** Service  
Authorization Required: Yes  
CMN Required: [782](#)

## DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: JANUARY 2012

REVISED: February 2017

### ENTERAL NUTRITION

Nutritional supplementation coverage through Medicaid is considered optional by CMS. The following outlines ND Medicaid's defined coverage of:

- Products classified by First Data Bank (FDB) as Therapeutic Class Code, Specific C5F (e.g. Ensure, Pediasure, Boost, Resource)
- B4154 - Nutritionally complete formula; for special metabolic needs, excludes inherited disease of metabolism
  - Effective dates of service starting 1/1/2012.
  - Member has a nasogastric or gastrostomy tube.
  - The product is their sole source (90% or greater) of nutrition.
- Food thickeners

#### Indications and limitations of coverage and medical appropriateness:

Nasogastric or gastrostomy tube feeding covered if meets **one** of the listed criteria below:

- Malabsorption diagnoses including;
  - Short Bowel (Gut) Syndrome
  - Crohn's Disease
  - Pancreatic Insufficiency
- Limited volumetric tolerance requiring a concentrated source of nutrition (i.e., athetoid cerebral palsy with high metabolic rate)
- Severe swallowing and eating disorders where consistency and nutritional requirements can only be met using commercial nutritional supplements, including;



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- Dysphagia due to excoriation of oral-pharyngeal mucosa
- Mechanical swallowing dysfunction secondary to a disease process such as:
  - Cancer or herpetic stomatitis
  - Other oral-pharyngeal tissue injury
- Weight loss, requires documentation providing **ALL** the following information:
  - Normal weight, percentile weight, and number of pounds lost in a specified time period
  - A specific medical problem, which has caused the weight loss
  - Specific reasons why a diet of normal or pureed food cannot suffice

#### Covered supplies and related equipment:

- Pump may be covered if medically necessary and ordered by the physician. Documentation will be required to accompany the service authorization to support pump therapy. (Example: gravity feeding is not satisfactory due to reflux and/or aspiration, severe diarrhea, dumping syndrome, administration rate less than 100 ml/hr., blood glucose fluctuations, circulatory overload, gastrostomy/jejunostomy tube used for feeding). If the medical necessity of the pump is not documented, the pump will be denied as not medically necessary.
- B4034-B4036 - Supply kits must correspond to the method of administration. Allowed one supply kit per day or maximum of 31 per month.
  - Supply kits include **all** supplies (except for the feeding tube itself) required for the administration of enteral nutrients to the member for one day.
- Pump & pump supplies are allowed if enteral nutrition is ordered for an infant.
- B4087 and B4088 are the only codes allowed for gastrostomy/jejunostomy tubes.
- No more than one month's supply of enteral nutrients, equipment or supplies are allowed for one month's prospective billing.



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### **Documentation Requirements:**

- A prescription from prescribing physician.
- Physician's documentation needs to address the need for enteral products based on policy coverage criteria.
- Completed CMN.
- Any additional supporting documents from intra disciplinary team members.
- A new service authorization is required for any changes to the existing approved service authorization. For example changes in units, method of administration, route of administration, or the type of nutrition.
- Annual certification requires new service authorization submitted with all required documentation as listed above.

### **Non-covered:**

#### Diagnosis:

- Swallowing disorders, which may lead to aspiration.
- Swallowing disorders, which are psychosomatic in nature, as in anorexia or dementia.
- Reduced appetite due to side effects of drug products, such as methylphenidate, amphetamines, appetite suppressants, etc.
- Mastication problems due to dentition problems

#### Products:

- Nucleic acid/nucleotide supplements, protein replacement, diet foods, geriatric supplements, sport shakes.



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- Infant formulas regardless of age of member.
  - North Dakota Medicaid encourages the member and provider to work together to contact the Women, Infants, and Children's (WIC) program. WIC is a program for pregnant women, breastfeeding women, infants and children younger than five and is available in all counties in North Dakota.
  - For more information or to find your local WIC office, please call 1-800-472-2286 or go to [www.ndhealth.gov/wic](http://www.ndhealth.gov/wic).
- Any product when used in amounts less than 51% of daily intake (must essentially be majority source of nutrition).
- Nutritional products for persons living in TLC facilities (enteral products are included in the per diem).

#### Supplies:

- More than one gastrostomy/jejunostomy tube every 3 months are rarely medically necessary.
- More than three nasogastric tubes every 3 months are rarely medically necessary.
- Dressings/anchoring devices are included in the supply kit and will not be paid separately.
- Must not use B9998 for gastrostomy/jejunostomy tubes (please see coverage section for appropriate covered HCPCS)

Date Revised	Revisions
February 2017	Reviewed and Reformatted/clarified. Added the WIC information



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